

REGISTRATION FORM FOR INDIVIDUAL SOUNDFIELD (TOTE)

Please complete the following and include a recent audiogram or report if applicable:

Name of School Dist: _____ County _____

Name of School: _____ Telephone Number: _____

Street Address: _____ City/Zip: _____

Person Responsible for equipment: _____ Title: _____

Student's name: _____ Is student with another ATU user? Yes ____ NO ____

If yes, other student's name _____

Student's name: _____ Is student with another ATU user? Yes ____ NO ____

If yes, other student's name _____

Student's name: _____ Is student with another ATU user? Yes ____ NO ____

If yes, other student's name _____

Student's name: _____ Is student with another ATU user? Yes ____ NO ____

If yes, other student's name _____

If the shipping address is different from the billing address, please indicate:

Name of School: _____

Street Address: _____

City/Zip: _____

Suggested population for personal soundfield totes:

Cochlear implant children

Kids using in the ear (ITE) hearing aids.

Kids refusing to wear the receiver.

Chronic Otitis kids (continuous ear infections)

Central Auditory Processing Disorder

Each case will be reviewed on an individual basis, so please list below what your reasons are for requesting the Individual Soundfield (TOTE).

Rental fee for the Tote plus FM system: \$617.00 per school year.